

Commonwealth of Massachusetts

Department of Children and Families

Foster Care Review Volunteer Application

| Applicant Information | | | | | |
|--|-------------|------------------|--|-------------|------------------------------|
| Prefix: | First Name: | Middle Initial: | Last Name: | Suffix: | Maiden, <i>if applicable</i> |
| Home Address (# and street) : | | City: | State: | Zip: | |
| Primary Phone: | | Secondary Phone: | | Work Phone: | |
| E-Mail: | | | | | |
| Date of Birth: | | | Social Security Number: | | |
| Last Year of School Completed: | | | Degree Received: | | |
| How did you hear about the need for volunteer case reviewers? | | | | | |
| Please list two people as references: | | | | | |
| Name: Address: City: State: Zip: | | | Name: Address: City: State: Zip: | | |
| Relationship to Applicant: Phone: e-mail: | | | Relationship to Applicant: Phone: e-mail: | | |

| | | |
|---|--|---------------------|
| Current Employer: | Job Title: | Address: |
| Why are you interested in serving as a volunteer case reviewer? | | |
| What affiliations and/or experiences do you have with children and children's services? (For example, parent, foster parent, board of human service agency, probation officer, babysitter/nanny, etc.): | | |
| Have you ever had any involvement with the Department of children and Families? If so, in what capacity? | | |
| Optional Questions | | |
| What is your race/ethnic origin? Massachusetts General Law requires that, as often as possible, the volunteer case reviewer be of the same race/ethnicity as the children being reviewed. | | |
| Black | American Indian\Alaskan Native | |
| White | Native Hawaiian\Other Pacific Islander | |
| Asian | Hispanic\Latino | |
| What languages do you do speak? | | |
| Birth Sex: | Gender Identity: | Sexual Orientation: |
| How many case reviews per month are you able to attend? | | |
| 1 | 2 | 3 |
| 4 | 5 | 6 |
| 7 | 8 | |

Foster Care Review meetings occur at DCF offices and contracted agencies. Please check at least one city/town you are willing to go to for reviews. Check as many as apply:

| Southern Region | Northern Region | Boston Region | Western Region | Central Region |
|------------------------|-----------------|-------------------------------------|----------------|----------------|
| Arlington | Cambridge | Roxbury | Greenfield | Leominster |
| Brockton | Framingham | Chelsea | Holyoke | Whitinsville |
| Cape/Hyannis & Islands | Haverhill | Hyde Park | Springfield | Worcester |
| Braintree | Malden | Dorchester | Pittsfield | |
| Fall River | Lawrence | Please indicate preferred location: | | |
| New Bedford | Lowell | | | |
| Plymouth | Lynn | | | |
| Taunton | Salem | | | |

I grant permission to the Foster Care Review Unit to conduct a CORI check (Criminal Offenders Background Inquiry) and a name search of the DCF central registry in order to request and obtain the information that the Department of Children and Families requires for the purpose of selecting volunteer case reviewers.

I understand that my application does not ensure my appointment as a volunteer case reviewer. I also understand that to be a volunteer case reviewer, I must attend the training sessions.

Please attach any supporting documents, E.g. a copy of photo identification or a copy of a notarized background check form.

| | |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|